

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
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49						
50						
TOTAL IND.	/		↓		↓	
TOTAL DEP.	5		↔		↔	
TOTAL CLAIMS	6					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS